



Report for ANZSCoS: South Pacific

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It gives me great pleasure to write this report for the ERC as the South Pacific Representative for ISCoS. The workshops and Clinics started in 2010, following a plea from Samoa national rugby team's coach for help for one Ben Leia then an upcoming rugby player. We first met Ben (then 21 years old) in July 2010, six months following a rugby injury where he sustained a C3/C4 fracture dislocation with neurology (AIS A). Team from Burwood Spinal unit taught Ben's Uncle "Soma" and Aunty to care for Ben and prevent secondary complications common to spinal cord injury.

There after it was recognised that there are others who have sustained SCI in Samoa and were in need of help. These numbers have grown from 1 person to now 55 who have sustained SCI in Samoa alone. Altus Resource Trust and local physiotherapist and team of volunteer allied health and builders from New Zealand have contributed to workshops every year under the auspice of Altus Resource Trust. The aim of the workshops have been to educate hospital staff to manage acute care of SCI individuals better and upskilling the care givers who are usually the family members of the SCI individuals.

There are more injuries from fall from Coconut trees in Samoa than any other cause. There is an urgent need of prevention strategy to address this issue.

In the past I have represented ISCoS as NGO in 65th session of world health organisation regional committee for the western pacific, Manila, Philippines, 13-17 October 2014 to highlight the need for prevention strategies to address fall from trees in Samoa.

There is also charitable work happening through Pacific Disability Support Trust (PDST) to support Spinal Injury Association in Fiji. This year containers full of consumables, wheelchairs, beds and mattress were sent from New Zealand to support SCI individuals in Fiji. In the future there are workshops planned for Fiji, details of it are to be finalised.

There is also great work being done by Altus Resource Trust in Tonga with workshops every year to support SCI and other neurological causes of disability.

ANZSCoS this year is has provided with Travel grants of 1500AUD each to Dr Pratima Gajraj, Rehabilitation Physician in Fiji and Mr Posenai Patu a paraplegic, Prosthetic and orthotic specialist in Samoa to attend ISCoS/ANZSCoS ASM, 13-15September in Sydney. In the past ANZSCoS has supported Mrs Epenesa Young, Physiotherapist from Samoa and occupational therapist from the Cook Islands to attend ANZSCoS ASM.

I am enclosing the report below compiled by Kathy Dwyer, Physiotherapist from Altus Resource Trust charity based in Auckland, NZ for the Samoa Spinal Clinic this year.

The New Zealand crew who travelled to Samoa this year for the Samoa spinal cord injury (SCI) clinic, 6th -10th August 2018 and building project included two nurses (with specialised knowledge in wound care and bladder/bowel management), physiotherapist, two occupational therapists, two wheelchair technicians and 4 builders. Our primary contact in Samoa is with Mrs Epenesa Pouesi Young who is Manager of Allied Health and Support Services at the National Health Service and is President of the Samoan Spinal Network (SSN). The SSN organise the location and who we see at the clinic. The clinics were coordinated by Altus Resource Trust and Epenesa Young from the SSN.

The clinic this year involved two days based at Apia and the following two days travelling outside of the capital. The clinic in Apia was based at Fletchers construction and we utilised their covered carport area for the wheelchair technicians to be based and a porta-cabin which provided a private assessment and treatment area for the team. Typically people with SCI would be seen privately by the team members to review their needs and from there be followed up e.g. for education in bladder/bowel management or for wound dressings or for set up with wheelchair and seating. The primary issues we continue to see are pressure injuries and poor bladder and bowel management. In addition, challenges with lack of mobility through not having suitable wheelchairs and poor accessibility around their homes continue to be a challenge. The team work with local nurses, allied health and support workers along with individuals with SCI and their families on education in various aspects of management of SCI. Generally folk with SCI and their families who attend the clinic come for

the day and between being seen by the team members, enjoy the fellowship of catching up with others. On the third day, some of the team travelled to the other main island of Samoa called Savaii to catch up with a couple of people with SCI there. On the fourth day we travelled to the far side of Upolo to meet up with three people with SCI. On the final day we met up with the building team to visit the home of an uncle and nephew who both have SCI and live in adjacent fales. The team had built an accessible bathroom for them as well as ramp access and paths to both fales. Over the week we saw 35 people with SCI and of these 8 were new to the team. New referrals came from the hospital and we had also been interviewed by local television crews during the clinic and following this, we were contacted by people with SCI who were keen to be seen by us.

The building team worked at the homes of four individuals with SCI building paths, ramps and accessible bathrooms. These bathrooms are of a simple design with wet area shower and accessible toilet. The flooring is concrete, the walls are plywood and the roof is tin. Generally the family and local neighbours from the village all pitch in to help with these building projects. The difference it makes to individuals with SCI to have accessibility around the homes/fales is huge.

Prior to the clinic commencing, a shipment of gear was sent from New Zealand to Samoa and included wheelchairs, cushions, shower commodes, medical/nursing consumables (for wound dressings, urinary supplies), building supplies and tools. We are very thankful for the generous donations from individuals and suppliers in New Zealand for their support.





Discussion

There is a need for coordinated approach between ISCoS /ANZSCoS, ISPRM, World Health Organisation and various charities so one can get the best process mapped out for charitable endeavours and also better outcome for the SCI individuals in the Pacific Island Nations.

Prevention strategies need a coordinated approach through various organisations involved.

Consumables are like gold dust in the Pacific Island Nations, again a coordinated approach needed from all the organisations to meet these needs.